

amended by any amendment specifically referred to above.

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	Attorney Docket Nun	nber	644-001		
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor		Liaw, Yee		
PATENT APPLICATION	COMPLETE IF KNOWN				
(37 CFR 1.63)	Application Number		09 / 709,759		
	Filing Date	11/0	09/2000		
☐ Declaration ☐ Declaration ☐ Submitted OR ☐ Submitted after Initial	Group Art Unit				
with Initial Filing (surcharge Filing (37 CFR 1.16 (e)) required)	Examiner Name				
I believe I am the original, first and sole inventor (if only one na names are listed below) of the subject matter which is claimed Intelligent Modular Server Management System for	and for which a patent is s	ought o	on the invention entitled:		
(Title o	of the Invention)				
the specification of which is attached hereto OR was filed on (MM/DD/YYYY) 11/09/2000	as United States A	oplicati	on Number or PCT International		
Application Number 09/709,759 and was amen	ded on (MM/DD/YYYY)		(if applicable).		
I hereby state that I have reviewed and understand the conter	nts of the above identified s	pecifica	ation, including the claims, as		

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Priority Certified Copy Attached? Prior Foreign Application Foreign Filing Date Country Number(s) (MM/DD/YYYY) **Not Claimed** YES NO ੂ

<u> </u>				<u> </u>
☐ Additional foreign application number	s are listed on a supplemental priority da	ata sheet PTO/SB	/02B attached her	reto:
I hereby claim the benefit under 35 U.S	i.C. 119(e) of any United States provision	nal application(s)	listed below.	
Application Number(s)	Filing Date (MM/DD/YYYY)	numbers supplem	al provisional appl are listed on a ental priority data	sheet

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	Customer Nu or Bar Code I				ORX	Correspondence address below
Name: Ward & Olivo						
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Address: 382 Springfield Ave	nue					
_{City:} Summit				State:	New Jersey	ZIP : 07901
Country: U.S.A.		Telephon	e: (908) 27	77-3333		Fax: (908) 277-6373
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INV	ENTOR :			A petit	ion has been fil	ed for this unsigned inventor
Given Name Yee S. (first and middle [if any])		<u> </u>		Family or Surn		
Inventor's Signature	1	Tur				Date 6/, 4/0/
Residence: City Warren State NJ Country USA Citizenship USA						
Mailing Address 141 Mountain \	/iew Road					
Mailing Address	,					
City Warren	State Nev	w Jersey		ZIP (07059	Country USA
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Given Name (first and middle [if any)]				Family or Surn		
Inventor's Signature Date G/40)						
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Mailing Address P.O. Box 637						
Mailing Address						
Laka Haratana	out New	, lersey		ZIP 07	7849	Country USA
City Lake Hopatcong State New Jersey ZIP 07849 Country USA Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor					this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname			
Alex		·	L	.ee	_	
Inventor's Signature			Date			Date 6/1/2007
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Mailing Address						
City	Sta	nte		ZIP	Count	ry
Name of Additional Joint Inventor, if an	y:			A petition has been to	filed for th	is unsigned inventor
Given Name (first and middle [if any])			Family N	Name or S	Surname
Inventor's Signature						Date
Residence: City	Sta	ate		Country		Citizenship
Mailing Address		-,		· · · · · · · · · · · · · · · · · · ·		
Mailing Address	.,					
City	Sta	ate		ZIP	Cou	intry
Name of Additional Joint Inventor, if an	y:			A petition has been fil	ed for this	s unsigned inventor
Given Name (first and middle [if any])			Family Name or Surname			
Inventor's Signature Date					Date	
Residence: City	Stat	te		Country		Citizenship
Mailing Address						
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City	State	e		ZiP	Co	ountry

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Application Number	09/709,759	
Filing Date	11/09/2000	**
First Named Inventor	Liaw, Yee	
Group Art Unit		
Examiner Name		
Attorney Docket Number	644-001	

Practitioners at Customer Number OR Name Registration Number Name Registration Number John W. Olivo, Jr. John F. Ward David M. Hill Add,170 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR X Firm or Individual Name Address Suite 300 Address Suite 300 Address Suite 300 Address Summit Country U.S.A. Telephone 1 (908) 277-3333 Fax (908) 277-6373 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISB/96). SIGNATURE of Applicant or Assignee of Record Name Alex Lee Signature Date Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	l hereby ap	point:					
Name Registration Number John W. Olivo, Jr. 35,634 John F. Ward 33,811 David M. Hill 46,170 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Ward & Olivo Address Suite 300 Address Suite 300 Address Summit State New Jersey Zip 07901 Country U.S.A. Telephone (908) 277-3333 Fax (908) 277-6373 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Alex Lee Signature July 100 Date Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple toms if more than one signature is required, see below'.	OR						Number Bar Code
John W. Olivo, Jr. John F. Ward David M. Hill as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Yelease change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Yelease change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Ward & Olivo Address Suite 300 Address Suite 300 Address Summit State New Jersey Zip O7901 O7901 O7901 Tam the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Alex Lee Signature Date Signature Date Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple torns if more than one signature is required, see below'.	A Practi	tioner(s) na				agistration Nu	umbor
John F. Ward David M. Hill as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Year Firm or Individual Name Ward & Olivo	'		Ivaine		+~	egistration Nu	illiper
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Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR X Firm or Individual Name Ward & Olivo Address Suite 300 Address Suite 300 Address Suite 300 Address Suite 300 Address Summit State New Jersey Zip 07901 Country U.S.A. Telephone (908) 277-3333 Fax (908) 277-6373 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Alex Lee Signature Date S/21/2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		David M.	Hill		4	6,170	
The above-mentioned Customer Number. OR X Firm or Individual Name Ward & Olivo							nd to transact all
X Firm or Individual Name			=		ntified	application to	:
Address Suite 300 Address 382 Springfield Avenue City Summit State New Jersey Zip 07901 Country U.S.A. Telephone (908) 277-3333 Fax (908) 277-6373 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Alex Lee Signature July Joseph 1 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	OR	<u>.</u> ,		<u> </u>			
Address 382 Springfield Avenue City Summit State New Jersey Zip 07901 Country U.S.A. Telephone (908) 277-3333 Fax (908) 277-6373 Lam the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Alex Lee Signature Date \$\frac{5}{21}/2021\$ NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	1 1 1 1	Name	Ward & Olivo				
City Summit State New Jersey Zip 07901 Country U.S.A. Telephone (908) 277-3333 Fax (908) 277-6373 I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Alex Lee Signature Date 5/21/2601 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address		Suite 300				
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Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Alex Lee Signature Alex Lee Date 5/21/2001 1 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
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Name Alex Lee Signature Date S/21/2001 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.						
Signature Date Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			SIGNATURE of A	pplicant or Assign	nee of	Record	
Date S / 21 / 2001	Name	Alex L	ee.				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Mala						
forms if more than one signature is required, see below*.	Date 5/21/2001						
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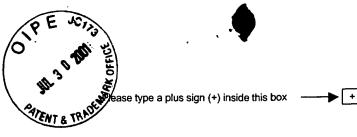
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First Named Inventor	Liaw, Yee	
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X Practitioner(s) named below:					
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John W. Olivo, Jr. 35,634					
John F. Ward 33,811					
David M. Hill 46,170					
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Name Lee Glinski					
Signature					
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	ner(s) named below:							
	Name		R	egistration Numb	per			
 	ohn W. Olivo, Jr.							
	ohn F. Ward David M. Hill		-	3,811 6,170				
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☐ The above-	he correspondence add mentioned Customer N		ntified	application to:				
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City	Summit		State	New Jersey	Zip 07901			
Country	U.S.A.				· · · · · · · · · · · · · · · · · · ·			
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Signature # Tan Signature								
Date / 5/31/0V								
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